

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **COMPUTERIZED SYSTEM AND METHOD FOR CORRECTING TOOTH-SIZE DISCREPANCIES**, the specification and claims of which are being filed herewith.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

And I hereby appoint Albert J. Breneisen (Reg. No. 25,054) and Michelle Carniaux (Reg. No. 36,098) my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please address all communications regarding this application to:

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New York, New York 10004

Please direct all telephone calls to Albert J. Bruneisen at (212) 425-7200.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful and false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor: **David C. HAMILTON**

Inventor's Signature: David C. Hamilton

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